

### 1. CORRESPONDENCE ADDRESS

**2. INVENTOR(S) ADDRESS CHANGE** (Complete only if there is a change)

INVENTOR'S NAME:

Street Address

City, State and ZIP Code \_\_\_\_\_

CO-INVENTOR'S NAME

**Street Address**

City, State and ZIP Code

Check if additional changes are on reverse side

DAVID G. PERRYMAN  
NEEDLE & ROSENBERG  
SUITE 1200, THE CANDLER BLDG.  
127 PEACHTREE STREET, N.E.  
ATLANTA GA 30303-1811

~~PAPER TO BE ENTERED~~

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (PUB)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/217,921	03/25/94	007	David G. Bellamy STANTON, B	11/26/96

First Named  
Applicant HOGAN, BRIGID L. M.

TITLE OF INVENTION: LURIPOTENTIAL EMBRYONIC STEM CELLS AND METHODS OF MAKING SAME

(b)(7)(D)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1616-0002	22	1	1			02/26/97

**3. Correspondence address change (Complete only if there is a change)**

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 NEEDLE & ROSENBERG, P.

2 \_\_\_\_\_

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

**(1) NAME OF ASSIGNEE:**

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Vanderbilt University  
Nashville, Tennessee

A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

8a. The following fees are enclosed: 10 copies/\$3/

☐ Issue Fee ☒ Advance Order # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 14-0629

(ENCLOSE PART C)

☐ Issue Fee      ☐ Advance Order - # of Copies☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

David H. Perry

(Date)

2-26-9.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**